

March 23, 2025

Why don't canibals eat clowns?

Because they taste "funny"

Park

PARKINSON'S DISEASE

“
 “Do not confuse my bad days
 as a sign of weakness. Those
 are actually the days I'm
 fighting my hardest.”
 ”

EXERCISE IS MEDICINE

Click the icon for a kick-butt workout
with Coach Betsy:

HKC Strength Class



HKC Parkinson's Fitness Class



Question: Am I exercising too much, too little, what kind of exercise should I be doing?
Here is the Reader's Digest version of "Bridges for Parkinson's recommended Parkinson's exercise prescription."

RECOMMENDED PARKINSON'S EXERCISE PRESCRIPTION (excerpt from article Written
 By: Colleen Bridges, M. Ed., NSCA-CPT, Parkinson's Fitness Specialist)



Dear Fighters and Care-partners,

Let me start out by announcing, "I am giving each of you a *"Prescription" you can "swallow" without having to take a single pill or sip of water!*" You're probably asking yourself, "What does Colleen mean by prescription? I'm already taking all the Parkinson's medication I want to take."

Well, you know that exercise benefits those living with Parkinson's. You know the science of *WHY* exercise helps slow the progression of PD proven by our three-year research project with Vanderbilt University Movement Disorder Physician, Dr. Daniel Claassen, along with individual fighter's testimonies, and 20 years of experience working with those living with PD. In a nutshell, think of exercise as medicine and just like your doctor writes a prescription for your dopamine replacement medication, I'm going to write you a "prescription *for exercise.*"

Whether you prefer to exercise on your own or create a plan that coincides with participating in my program, you need to have a plan... specifically a PD exercise plan that incorporates your overall physical abilities and limits. Note the common theme here - having a PLAN. In a nutshell...

BRIDGES FOR PARKINSON'S EXERCISE PRESCRIPTION

*2-3 days of "Comprehensive Exercise": This includes:

- Strength
- Cardiovascular endurance
- Balance, agility
- Dual tasking
- Stretching
- Fine Motor Skills
- Vocal drills

Then on your own you will do:

- Two days of moderate cardio; walking, cycling, swimming, dance
- One-two days of low impact/stress-reducing exercise such as Tai Chi and/or Yoga

Short and sweet – in-person / virtual / 1:1 in-person or virtual

Question: What is the difference between a jab and a cross? How do I throw a hook versus and upper cut?

BOXING PUNCHES

In boxing, the main punches include the jab (a quick, straight punch), the cross (a powerful, straight punch with the rear hand), the hook (a curved punch), and the uppercut (an upward punch).

<p>Jab: The jab is a quick, straight punch thrown with the lead hand (usually the left for an orthodox fighter) and is used for range finding, setting up other punches, and controlling the fight.</p>	<p>Hook: The hook is a curved punch thrown with either the lead or rear hand, and it's effective for striking around an opponent's guard.</p>
<p>Cross: The cross is a powerful, straight punch thrown with the rear hand (usually the right for an orthodox fighter) and is often used as a knockout punch.</p>	<p>Uppercut: The uppercut is a punch thrown in an upward motion, usually targeting the chin or body, and is effective at close range</p>

Question: I'm overwhelmed by all the treatment options. Can you provide an overview of current Parkinson's medication and alternative treatment options?

<p>STEM CELL THERAPY The field of stem cell therapy has gained traction over recent years, with companies transitioning from experimental stages to delivering practical treatments. Stem cells, with their unique ability to differentiate into various cell types, hold great potential in regenerative medicine.</p> <p>FOCUSED ULTRASOUND Focused ultrasound is a noninvasive, therapeutic technology with the potential to improve the quality of life and decrease the cost of care for patients with symptoms secondary to Parkinson's disease. This novel technology focuses beams of ultrasonic energy precisely and accurately on targets deep in the brain without damaging surrounding normal tissue.</p>	<p>Self-adjusting brain pacemaker may help reduce Parkinson's disease symptoms A small feasibility study funded by the National Institutes of Health (NIH) found that an implanted device regulated by the body's brain activity could provide continual and improved treatment for the symptoms of Parkinson's disease (PD) in certain people with the disorder - aDBS</p> <p>CREXONT Similar to Amneal's Rytary, Crexont contains both immediate-release and extended-release elements in the capsule and is designed to increase the length of time that a dose of carbidopa-levodopa is effective, thereby reducing OFF time.</p>
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VYALEV™ 24-hour Subcutaneous Delivery
 vyalevhcp -
 DELIVERS levodopa-based therapy via a single infusion site
 REPLACES all levodopa-containing medications and COMT inhibitors
 BYPASSES the gut, so consumption of food does not change absorption or systemic exposure of CD/LD1

DHIVY

DHIVY provides daily carbidopa/levodopa (CD/LD) dosing flexibility at your fingertips

RED LIGHT THERAPY

Red light therapy involves exposing the body to low-level red light, which is believed to penetrate the skin and stimulate cellular processes. It's based on the principle that red light can enhance mitochondrial function, potentially leading to improved cellular health and reduced inflammation.

Choking Rescue Device that Saves Lives

Lifevac This milestone underscores the life-saving impact of LiveVac's technology in emergencies providing a critical solution for choking incidents worldwide.

Dopamine Replacement Medications

Take a few moments and see what the Mayo Clinic says about Parkinson's medication options. You should be educated on medications used to treat Parkinson's Disease symptoms. **If you have questions, follow up with your care team.** "Medicines may help you manage problems with walking, movement and tremor. These medicines increase or substitute for dopamine. People with Parkinson's disease have low levels of brain dopamine. However, dopamine can't be given directly because it can't enter the brain.

You may have significant improvement of your symptoms after beginning Parkinson's disease treatment. Over time, however, the benefits of medicines frequently diminish or become less consistent. You can usually still control your symptoms well.

Medicines your care team may prescribe include:

<p>Carbidopa-levodopa (Rytary, Sinemet, Duopa, others). Levodopa, the most effective Parkinson's disease medicine, is a natural chemical that passes into the brain and is converted to dopamine. Levodopa is combined with carbidopa (Lodosyn), which protects levodopa from early conversion to dopamine outside the brain. This prevents or lessens side effects such as nausea.</p> <p>Side effects may include nausea or lightheadedness when you stand, called orthostatic hypotension.</p>	<p>Inhaled carbidopa-levodopa. Inbrija is a brand-name medicine delivering carbidopa-levodopa in an inhaled form. It may be helpful in managing symptoms that arise when medicines taken by mouth suddenly stop working during the day.</p>
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<p>After years, as your disease progresses, the benefit from levodopa may lessen, with a tendency to wax and wane, also called "wearing off."</p> <p>Also, you may experience involuntary movements known as dyskinesia after taking higher doses of levodopa. Your care team may lessen your dose or adjust the times of your doses to control these effects.</p>	
<p>Carbidopa-levodopa infusion. Duopa is a brand-name medicine combining carbidopa and levodopa. However, it's administered through a feeding tube that delivers the medicine in a gel form directly to the small intestine.</p> <p>Duopa is for patients with more-advanced Parkinson's who still respond to carbidopa-levodopa but who have a lot of fluctuations in their response. Because Duopa is continually infused, blood levels of the two medicines remain constant.</p> <p>Placement of the tube requires a small surgical procedure. Risks associated with having the tube include the tube falling out or infections at the infusion site.</p>	<p>Dopamine agonists. Unlike levodopa, dopamine agonists don't change into dopamine. Instead, they mimic dopamine effects in the brain.</p> <p>Dopamine agonists aren't as effective as levodopa in treating symptoms. However, they last longer and may be used with levodopa to smooth the sometimes off-and-on effect of levodopa.</p> <p>Dopamine agonists include pramipexole (Mirapex ER) and rotigotine (Neupro), which is given as a patch. Apomorphine (Apokyn) is a short-acting dopamine agonist shot used for quick relief.</p> <p>Some of the side effects of dopamine agonists are like the side effects of carbidopa-levodopa. But they also can include hallucinations, sleepiness and compulsive behaviors such as hypersexuality, gambling and eating. If you're taking these medicines and you behave in a way that's out of character for you, talk to your health care team.</p>

<p>Monoamine oxidase B (MAO B) inhibitors. These medicines include selegiline (Zelapar), rasagiline (Azilect) and safinamide (Xadago). They help prevent the breakdown of brain dopamine by inhibiting the brain enzyme monoamine oxidase B (MAO B). This enzyme breaks down brain dopamine. Selegiline given with levodopa may help prevent wearing off.</p> <p>Side effects of MAO B inhibitors may include headaches, nausea or insomnia. When added to carbidopa-levodopa, these medicines increase the risk of hallucinations.</p> <p>These medicines are not often used in combination with most antidepressants or certain pain medicines due to potentially serious but rare reactions. Check with your health care team before taking any additional medicines with an MAO B inhibitor.</p>	<p>Catechol O-methyltransferase (COMT) inhibitors. Entacapone (Comtan) and opicapone (Ongentys) are the primary medicines from this class. This medicine mildly prolongs the effect of levodopa therapy by blocking an enzyme that breaks down dopamine.</p> <p>Side effects, including an increased risk of involuntary movements called dyskinesia, mainly result from an enhanced levodopa effect. Other side effects include diarrhea, nausea or vomiting.</p> <p>Tolcapone (Tasmar) is another COMT inhibitor that is rarely prescribed due to a risk of serious liver damage and liver failure.</p>
<p>Anticholinergics. These medicines were used for many years to help control the tremor associated with Parkinson's disease. Several anticholinergic medicines are available, including benztropine (Cogentin) or trihexyphenidyl.</p> <p>However, their modest benefits are often offset by side effects such as impaired memory, confusion, hallucinations, constipation, dry mouth and impaired urination.</p>	<p>Amantadine. Health care professionals may prescribe amantadine (Gocovri) alone to provide short-term relief of symptoms of mild, early-stage Parkinson's disease. It also may be given with carbidopa-levodopa therapy during the later stages of Parkinson's disease to control involuntary movements called dyskinesia induced by carbidopa-levodopa.</p> <p>Side effects may include a change in skin color, ankle swelling or hallucinations.</p>
<p>Adenosine receptor antagonists (A2A receptor antagonists). These drugs target areas in the brain that regulate the response to dopamine and allow more dopamine to be released. Istradefylline (Nourianz) is one of the A2A antagonist drugs.</p>	<p>Nuplazid (Pimavanserin). This drug is used to treat hallucinations and delusions that can occur with Parkinson's disease. Experts aren't sure how it works.</p>

Question: What's the big deal with hydration?



Accelerate Your Hydration, Lexi Shever, Belmont OTD Captone Student.

Hydration plays an important role in numerous regulatory processes in the body including waste removal in urine, transportation of nutrients throughout the body, regulation of blood pressure and body temperature, gastrointestinal function, smoothness of joint movements, energy levels, skin health, and cognitive performance. As we age, maintaining proper hydration becomes more difficult due to decreased thirst signals resulting in decreased water intake and dehydration. Parkinson's Disease medications used to manage PD symptoms can further contribute to dehydration making it even more essential that individuals with PD adequately hydrate. The effects of dehydration can worsen some of the symptoms of Parkinson's Disease, specifically low blood pressure and constipation. In addition to drinking more water to fight back against dehydration, consider adding fruits and vegetables into your diet that contain a high-water content and supplementing with electrolytes to keep a healthy balance of vitamins and minerals. One of my favorite ways to stay hydrated is to make a nutritious smoothie with frozen fruits and coconut water for added electrolytes.

We've sampled my hydration smoothies including Cherry Berry, Tropical, and Strawberry Banana + Spinach each curated to target different health benefits and accelerate your hydration. These smoothies are made by blending just 2 or 3 ingredients - frozen fruit and/or vegetable blends and coconut water. You can recreate these with your favorite fruits or vegetables anyway you like, but if you loved the smoothies in class, I've listed the recipes below so you can create these at home to help you stay hydrated as we head into warmer months ahead!

Cherry Berry

- **Cherry Berry Frozen Fruit Blend** (I used this one from Aldi)
- **Coconut Water** (I used Vita Coco from Sam's Club)

The amount of each is up to you and you can add more or less coconut water to fruit as you choose for desired consistency. I did a 3 to 1 ratio with **3 cups of frozen fruit to 1 cup of coconut water** for a thicker smoothie that can be eaten with a spoon. This blend is particularly loaded with antioxidants from the berries and has a high water content and electrolytes to accelerate your hydration!

Tropical

- **Tropical Frozen Fruit Blend** (I used this one from Aldi)
- **Coconut Water** (I used Vita Coco from Sam's Club)

The amount of each is up to you and you can add more or less coconut water to fruit as you choose for desired consistency. I did a 3 to 1 ratio with **3 cups of frozen fruit to 1 cup of coconut water** for a thicker smoothie that can be eaten with a spoon. This blend is particularly loaded with Vitamin C from the citrus fruits and has a high water content and electrolytes to accelerate your hydration!

Strawberry Banana + Spinach

- **Strawberry Banana Frozen Fruit Blend** (I used this one from Aldi)
- **Coconut Water** (I used Vita Coco from Sam's Club)
- **Fresh or Frozen Spinach**

The amount of each is up to you and you can add more or less coconut water to fruit as you choose for desired consistency. I did a 3 to 1 ratio with **3 cups of frozen fruit to 1 cup of coconut water with 1 cup of spinach**. This blend is particularly loaded with extra fiber from the bananas and spinach and has a high water content and electrolytes to accelerate your hydration!

References

American Parkinson Disease Association. (n.d.). *Levodopa dosing and food intake*. American Parkinson Disease Association. Retrieved March 20, 2025, from <https://www.apdaparkinson.org/article/levodopa-dosing-and-food-intake/>

Johns Hopkins Medicine. (n.d.). *Fighting Parkinson's disease with exercise and diet*. Johns Hopkins Medicine. Retrieved March 20, 2025, from <https://www.hopkinsmedicine.org/health/conditions-and-diseases/parkinsons-disease/fighting-parkinson-disease-with-exercise-and-diet>

Ramos-Rodríguez, J. J., & Navarro, M. A. (2021). *Levodopa metabolism and pharmacokinetics: Importance in Parkinson's disease treatment*. National Library of Medicine. <https://pmc.ncbi.nlm.nih.gov/articles/PMC10255140/>

Question: I have Parkinson's and recently I've been feeling anxious, depressed and apathetic? What should I do? I'm a caregiver and sometimes I'm feeling overwhelmed. Are there available resources?

It is not uncommon for someone living with Parkinson's to feel anxious, depressed, apathetic. This could be a side effect of your medication or part of your Parkinson's journey. There isn't any shame for seeking help when you are just not feeling right, emotionally. Here are the standard recommendations: 1) reach out to your Parkinson's clinician. They usually have a list of psychotherapists. They might even have psychotherapists on staff. Also, reach out to your primary care physician. They may have referrals as well. Remember, we want you to live your best life. There is no shame in seeking help.

There is a plethora of care giver resources as noted here by Dr. Amy Baruch, Physician with Piedmont Hospice. (note that these resources are free of charge)

1. They have a BRABRAND-NEWSITE that launched recently! All they need is your name and email to cater resources to your needs. I encourage you to do the same. **SIGN UP NOW** at <https://caregivingcompanion.org/>

2. For those of you that LOVE to read they host a quarterly "Lunch Break Book Club" that sounds amazing! Books are free to the first 15 who sign up and the next informational meeting is in March. The kickoff is in April and the book discussion is in May (meets the 2nd Thursday of the month). [SIGN UP HERE!](#)

Question: I get so stiff that sometimes it is difficult to roll over in bed, let alone get out of bed.

Rigidity and stiffness are common symptoms of Parkinson's (and aging). If you haven't gone to the Friday, 11:30 Parkinson's Stretch Class at PurEnergy (in the same room where we hold our Rock Steady Boxing class), you don't know what you are missing. Fighters and spouses / caregivers are invited (I meant to say, encouraged) to take this class (no charge). Every instructor is fabulous – opening your body from the top of your head to the tip of your toes, in a slow, methodical rhythm. It is a physically freeing class, and you get to clear your head as well. We should have standing room only in this class. Try it three times and if you don't like it, keep coming back.

COMMUNITY CONNECTIONS

~Monday, 11am Hamil-Kerr Strength class (zoom)

<https://us02web.zoom.us/j/81028088770>

~Saturday 11am Hamil-Kerr Parkinson's Fitness (zoom) Coach Betsy

<https://us02web.zoom.us/j/81028088770>

~Thursday, 3pm Zoom PD Spin, Ragsdale YMCA

<https://us02web.zoom.us/j/81028088770>

~Thursday, 12pm In Person PD Spin, Spears YMCA

~ In-person Parkinson's Spin Class at YWCA of Highpoint

Tuesday and Thursday- 12:00-1:00

~In-person Parkinson's Spin Class at Ragsdale YMCA

Tuesday and Thursday- 10:15

In-Person Tai Chi with Michele

Michele's 1pm Tai Chi class takes place on the first and third Wednesday of every month at Michele's beautiful new studio - ProActive Therapy and Wellness, - 6579 Lake Brandt Rd, Summerfield

~Rock Steady Boxing - Greensboro (in person)

~Rock Steady Boxing of Archdale (in person)

~A.C.T. By Prince Deese

~For information on in-person 1:1 training in your home, contact Alesia Pendleton

pendleton.alesia@gmail.com

~Parkinson's Stretch Class at Rock Steady Boxing, Greensboro (spouses welcome)-
Friday at 11:30am

~Will Powell- 336-706-0271

ONLINE RESOURCES

~Michael J Fox Foundation: www.michaeljfox.org

~Davis Phinney Foundation: [Live Well with Parkinson's TODAY - Davis Phinney Foundation](http://LiveWellwithParkinsons.com)

~Parkinson's & Movement Disorders Alliance: www.pmdalliance.org

~Parkinson's Association of the Carolinas: www.parkinsonassociation.org

~Michael J Fox Foundation: www.michaeljfox.org

~Davis Phinney Foundation: [Live Well with Parkinson's TODAY - Davis Phinney Foundation](http://LiveWellwithParkinsons.com)

~Parkinson's & Movement Disorders Alliance: www.pmdalliance.org

~Parkinson's Association of the Carolinas: www.parkinsonassociation.org

And of course, reach out to me anytime.

Yours, Coach B

Rock Steady Boxing Certified Coach
Certified Parkinson's Disease Fitness Specialist
ISSA Certified Personal Trainer

